U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2 Fiscal Year Covered From: 1 1 2004 Through: 12 31 2005 3. Name and address of person filing. Name Amy 3 Cross 4 Asare, file number, and address of labor organization. Name Uvicia 7 7 7 7 7 7 7 7 7 Street 105 N. Bredeick St. 20 2 7 7 7 7 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of minoritary value from an employer whose employees your organization represents or is actively solving to represent. 6. Name and address of Employer (including trade name, if any). Name	E ORNA	
3. Name and address of person filling. Name Amy 3 Cross A. Name, file number, and address of tabor organization. Name UNULA Local 308 Labor Organization File Number 012-475 P.O. Box, Bidg., Room No., if any P.O. Box, Bidging and Room Number, if any P.O. Box 1608 Street 405 N. Bredeick St. City Lima State Ohio ZIP Code + 4 45803-1421 State Ohio ZIP Code + 4 45802-161 S. Position in labor organization. Secretary - Treasurer Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, ongoged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including tade name, if any). Aname Dominion Trade Name, if any 7.b. Amount. 7.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in eny accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete, (See the section on penalties in the instructions).	1. File Number U -	2. Fiscal Year Covered From:
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P.O. Box, Bidg., Room No., if any Street 405 N. Bredeick St. City Delphos State Ohio ZIP Code + 4 45833-1421 A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sueking to represent. A. Nature of interest, Transaction, or income. Gift Certificate Baked Ham Company Christmas Gift. Steet 1201 E. 55th Street City Cleveland Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the hier many complete. (See the section on penalties in the instructions).	Name Amy J Cross	Name UWUA Local 308
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Signed June On 07/13/2005 419-226-4865	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
Signed XYM / /WY On 0//13/2003 419-226-4865	sized line of China	07/13/2005 410 225 4055
Date Telephone Number	signed why wh	

Name of Person Filing Amy Cross	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	